

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1. Committee Information				
a. Full Name PAUL FITZGERALD FOR WAXHAW COMMISSION			c. ID Number SJMF9G	
b. Mailing Address (include City, State and Zip Code) 3501 BUCKEYE CT WAXHAW NC 28173			d. Date Filed 10-30-2017	
			e. Phone Number 704-776-6849	
2. Report Year 2017	3. Period Start Date (mm/dd/yy) JULY 07, 2017	4. Period End Date (mm/dd/yy) 10-23-2017	5. Treasurer Full Name PAUL FITZGERALD	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information				
a. Financial Institution Full Name BANK OF AMERICA		a. Financial Institution Full Name BANK OF AMERICA		
b. Purpose RECEIVED OCT 30 2017		b. Purpose 2017 PF		
c. Account Code 2017 PF		c. Account Code 2017 PF		
d. Period Begin Balance \$ 0		d. Period Begin Balance \$ 311.00		
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
PAUL FITZGERALD Printed Name of Signer		[Signature] Signature of Appointed Treasurer		10-29-2017 Date
FOR OFFICE USE ONLY				
Date Received:	10/30/17	Employee:	Kaumin	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	N/A	Employee:	Kaumin	
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

Detailed Summary

Amendment
☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
PAUL FITZGERALD For Waukegan Commissioner				SJM F 9 G	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 25.00		\$ 25.00	
6) Contributions from Individuals (CRO-1210)		\$ 1740.00		\$ 1740.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1765.00		\$ 1765.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1214.00		\$ 1214.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 240.00		\$ 240.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1454.00		\$ 1454.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 311.00		\$ 311.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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Optional form used to report NC Contributions From Individuals of \$50 or less

April 2007

Contributions from Individuals

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) <u>PAUL FITZGERALD FOR WAXHAW TOWN COMMISSIONER</u>					2. ID Number <u>SJM F9G</u>	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>PAUL FITZGERALD</u> <u>3501 BUCKEYE CT</u> <u>WAXHAW NC 28173</u>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$ <u>1200.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<u>CASH</u>	<u>RECEIVED</u>	<u>07-11-2017</u>	\$ <u>100.00</u>	
<input type="checkbox"/>		<u>CASH</u>	<u>CCT 30 2017</u>	<u>07-25-2017</u>	\$ <u>50.00</u>	
<input type="checkbox"/>		<u>ACCOUNT TRANSFER</u>	<u>Union Co. Board of Elections</u>	<u>07-25-2017</u>	\$ <u>50.00</u>	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>PAUL FITZGERALD</u> <u>3501 BUCKEYE CT</u> <u>WAXHAW NC 28173</u>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$ <u>1200.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<u>ACCOUNT TRANSFER</u>		<u>07-25-2017</u>	\$ <u>150.00</u>	
<input type="checkbox"/>		<u>CASH</u>		<u>07-26-2017</u>	\$ <u>100.00</u>	
<input type="checkbox"/>		<u>ACCOUNT TRANSFER</u>		<u>07-28-2017</u>	\$ <u>50.00</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>PAUL FITZGERALD</u> <u>3501 BUCKEYE CT</u> <u>WAXHAW NC</u> <u>28173</u>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$ <u>1200.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<u>ACCOUNT TRANSFER</u>		<u>08-07-2017</u>	\$ <u>50.00</u>	
<input type="checkbox"/>		<u>ACCOUNT TRANSFER</u>		<u>10-02-2017</u>	\$ <u>450.00</u>	
<input type="checkbox"/>		<u>ACCOUNT TRANSFER</u>		<u>10-23-2017</u>	\$ <u>200.00</u>	
4. Total only this Page					\$ <u>1200.00</u>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <u>1740.00</u>	

Contributions from Individuals

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Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
PAUL FITZGERALD FOR WAXHAW COMMISSIONER				SJMK96	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
ROD HUMANT 1507 PROVIDENCE RD WAXHAW NC 28173					STICKER FOR OLD SIGNS
			c. Employer's Name/Specific Field		
					e. Election Sum to Date \$ 240.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		GIFT IN KIND	STICKERS FOR SIGNS	07-28-2017	\$ 240.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
NEWMAN COOK 8115 DAW HOLME DR. WAXHAW NC 28173					
			c. Employer's Name/Specific Field		
					e. Election Sum to Date \$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CASH		07-27-2017	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
SANDRA GLENN 3521 ROMANLY DR MONROE NC 28110					
			c. Employer's Name/Specific Field		
					e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CHECK		10-10-2017	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 540.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1740.00

Disbursements

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) PAUL FITZGERALD For Waxhaw Town Commissioner						2. ID Number SJMF96	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHONIC DESIGNS 1507 PROVIDENCE RD SOUTH WAXHAW NC 28173				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1200.00	
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
B-Printing		DEBIT				10-04-2017	
						j. Amount \$ 480.00	
						k. Required Remarks SIGNS	
B-Printing		DEBIT				08-08-2017	
						j. Amount \$ 720.00	
						k. Required Remarks SIGNS	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BANK OF AMERICA 1530 PROVIDENCE ROAD S. NC 3-138-01-01 WAXHAW NC 28173				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 14.00	
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
K-Office Expenses		TRANSFER				10-02-2017	
						j. Amount \$ 14.00	
						k. Required Remarks ALLOWANCE FEE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RECEIVED OCT 30 2017 Union Co. Board of Elections				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
						j. Amount \$	
						k. Required Remarks	
						j. Amount \$	
						k. Required Remarks	
5. Total only this Page						\$ 1214.00	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 1214.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

In-Kind Contributions

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Amendment
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
PAUL FITZGERALD FOR WAXHAW COMMISSION		SJMF9G	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ROD HUMAN 1507 PROVIDENCE RD S WAXHAW NC 28173		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 240.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
STICKER (PA-REACT) FOR SIGNS		07-28-2017	\$ 240.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
RECEIVED OCT 30 2017 Union Co. Board of Elections		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 240.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 240.00	